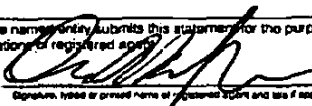
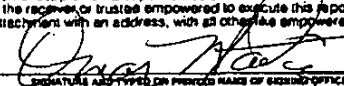


FILED
Apr 28, 2006 8:00 am
Secretary of State

02-27-2006 90059 023 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000014888			
1. Entity Name MARTINEZ LAWN SERVICE INC			
Principal Place of Business 548 CHAMBER STREET PORT CHARLOTTE, FL 33948		Mailing Address 548 CHAMBER STREET PORT CHARLOTTE, FL 33948	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2236086		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$9.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, OMAR 548 CHAMBER STREET PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.			
SIGNATURE  (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, OMAR	NAME	
STREET ADDRESS	548 CHAMBER STREET	STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948	CITY - ST - ZIP	
TITLE	SEC	TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, OMAR	NAME	
STREET ADDRESS	548 CHAMBER STREET	STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948	CITY - ST - ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.			
SIGNATURE: 		Date: 4/25/06 Daytime Phone: _____	